



Town of Rocky Hill

761 OLD MAIN STREET • ROCKY HILL, CONNECTICUT 06067 • (860) 258-2700 • FAX (860) 258-7638

EMPLOYEE'S AUTHORIZATION

Please fill out and return to the Payroll Department

AUTHORIZATION FOR DIRECT DEPOSIT

NAME TOWN OF ROCKY HILL

TOWN ID NUMBER 06-6002076

I hereby authorize the TOWN OF ROCKY HILL, hereinafter call the TOWN to initiate credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my ☐ Checking ☒ Savings account (select one) indicated below at the depository financial institutions named below, hereinafter called DEPOSITORY, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US law.

DEPOSITORY

NAME _____

BRANCH _____

CITY _____

STATE _____

ROUTING NUMBER _____

ACCOUNT NO. _____

This authorization is to remain in full force and effect until the TOWN has received written notification from me of its termination in such time and in such manner as to afford the TOWN and DEPOSITORY a reasonable opportunity to act on it.

NAME _____ ID NUMBER _____
(PLEASE PRINT)

SIGNATURE _____ DATE _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

Staple Voided Check Here

Attach a voided check for verification of all financial institution information.

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

